

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

PATIENT INFORMATION: (please print)

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____ Marital Status _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: (please include this only if you consent to e-mail communication between you and our office)

Primary Care Physician: _____ Phone: _____ Fax: _____

Other Treating Physician: _____ Phone: _____ Fax: _____

(see page 3 of this form)

Language: _____ Race: _____ Ethnicity: _____

Pharmacy of Choice: _____ Pharmacy Phone: _____

(I give the office of Jeri Shuster, M.D., P.A. permission to obtain my medication history from the pharmacy)

Signature: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information: Name: _____

Phone: _____ Relationship to Patient: _____

How were you referred to our practice? _____

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ACKNOWLEDGEMENT, AUTHORIZATION AND ASSIGNMENT

As the patient, I acknowledge my responsibility to pay the fees charged for all services rendered, regardless of anticipated insurance coverage. I understand the doctor's office staff will file insurance claim forms when possible as a courtesy to me, the patient. Payment is due at the time health care services are rendered unless prior arrangements are made.

I understand that I will be responsible for obtaining any pre-authorizations and/or referrals, as outlined in my insurance coverage, and will bring them in to this office prior to my procedure.

I authorize the release of any private healthcare information pertaining to me that is necessary to process any insurance claim. I authorize payment of any medical reimbursement benefits payable for services rendered directly to **Jeri Shuster, M.D., P.A.**, EIN 52-1720775, MD License # D34215 and/or to **Jeri Shuster, M.D., Women's Center Inc.**, EIN 52-2011718, and further, I irrevocably assign such benefits to the above named entities.

I acknowledge and agree that I will pay the stated charge of \$75 for any missed appointment not cancelled at least 48 hours in advance. All unpaid balances are due in full within 60 days of the date of the invoice. Unpaid balances after the 60 day period are subject to a **monthly interest rate of 1.5%** (equivalent to an annual interest rate of 18%) on the unpaid balance until paid in full.

Further, should any unpaid account result in attorney collection, **I agree to pay all collection and attorney fees equal to 30% of the unpaid balance. If collection action is necessary, I am aware that Dr. Shuster will discharge me from the practice and no longer be my Gynecologist.**

If you believe there is an error in your account, you must notify the doctor's office, **in writing**, within sixty (60) days of the invoice date. You must provide a description of the error, the dollar amount of the error, a statement as to why you believe there is an error, and any information you believe will aid in resolving the error.

Patient / Guardian Signature

Date

Print Name of Patient / Guardian

Witness Signature

Date

FINANCIAL RESPONSIBILITY GUARANTEE

I guarantee to be financially responsible for any unpaid charges resulting from medical services provided by the doctor. I have read this document and I execute it with full knowledge, understanding and acceptance of its contents.

Witness

Patient / Guardian Signature

Date

Print Name of Patient / Guardian

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RACE: (circle one)

American Indian
Asian
Asian Indian
Black or African American
Native Hawaiian
Other Pacific Islander
White
Other Race _____

LANGUAGE: (circle one)

Arabic
Chinese
Dutch
English
French
German
Hebrew
Hindi
Hungarian
Italian
Japanese
Korean
Polish
Portuguese
Russian
Sign Language
Spanish
Ukrainian
Vietnamese

ETHNICITY: (circle one)

Central American
Cuban
Dominican
Hispanic or Latino
Latin American
Mexican
Not Hispanic or Latino
Puerto Rican
South American
Spaniard
Other _____